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U.S. PTO

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PTO/SB/05 (01-04)  
Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office. U.S. DEPARTMENT OF COMMERCEUTILITY  
PATENT APPLICATION  
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	1004-01
First Inventor	Plant, Charles
Title	Saccadic Motion Sensing
Express Mail Label No.	

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10/799045

031304

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.  
See 37 CFR 1.27.
- Specification [Total Pages 19]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross Reference to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets 3]
- Oath or Declaration [Total Sheets 1]
  - Newly executed (original or copy)
  - Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)
    - DELETION OF INVENTOR(S)  
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO:  
Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

- CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - Computer Readable Form (CRF)
  - Specification Sequence Listing on:
    - CD-ROM or CD-R (2 copies); or
    - Paper
  - Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

- Assignment Papers (cover sheet & document(s))
- 37 CFR 3.73(b) Statement  Power of Attorney
- English Translation Document (if applicable)
- Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations
- Preliminary Amendment
- Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
- Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- Other: .....

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation  Divisional  Continuation-in-part (CIP) of prior application No.: .....Prior application information: Examiner \_\_\_\_\_ Art Unit: \_\_\_\_\_  
For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

 Customer Number: \_\_\_\_\_ OR  Correspondence address below

Name	Jill Shedd		
Address	Law Office of Jill Shedd & Associates, P.C. 430 Franklin Village Drive #212		
City	Franklin	State	MA
Country	USA	Telephone	508-720-9267
Name (Print/Type)	Jill Shedd	Registration No. (Attorney/Agent)	55,610
Signature	<i>Jill Shedd</i>		
	Date 3/12/04		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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# FEE TRANSMITTAL

## for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

## Complete if Known

Application Number	
Filing Date	
First Named Inventor	Plant, Charles
Examiner Name	
Art Unit	
Attorney Docket No.	1004-01

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None

 Deposit Account:

Deposit Account Number	
Deposit Account Name	

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description	Fee Paid
1001	770	2001	385			Utility filing fee	385
1002	340	2002	170			Design filing fee	
1003	530	2003	265			Plant filing fee	
1004	770	2004	385			Reissue filing fee	
1005	160	2005	80			Provisional filing fee	
SUBTOTAL (1)		(\$)		385			

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	34	Extra Claims	Fee from below	Fee Paid
Total Claims	25	-20** =	5 14	X 9 = 45 12 6
Independent Claims	4 5	- 3** =	1 2	X 43 = 43 8 6
Multiple Dependent				

Large Entity	Fee Code (\$)	Fee	Small Entity	Fee Code (\$)	Fee	Fee Description
1202	18	2202	9			Claims in excess of 20
1201	86	2201	43			Independent claims in excess of 3
1203	290	2203	145			Multiple dependent claim, if not paid
1204	86	2204	43			** Reissue independent claims over original patent
1205	18	2205	9			** Reissue claims in excess of 20 and over original patent
						5 9 7
SUBTOTAL (2)		(\$)		88 2 1 2		

\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Jill Shedd	Registration No. (Attorney/Agent)	55,610	Telephone 508-720-9267
Signature	Jill Shedd	Date	March 12, 2004	

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